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TOURNIQUET AND HEMOSTATIC AGENT APPLICATION

Purpose

The purpose of this Standard Operating Procedure is to establish guidelines for the proper use and application of tourniquets and hemostatic agents issued by the Wilmington Police Department, as well as create a uniform standard on how personnel carry this equipment. This agency has been authorized by the State Medical Director for utilization of tourniquets and hemostatic agents during periods of a crisis response such as an “officer down” or “active shooter” situations, which require immediate life saving measures by the method of “self-aid” or “buddy-aid” to control massive bleeding. Proper application of these adjuncts greatly increases the chance of officer survival upon sustaining injuries. These guidelines are not intended to place limits on the officer during these exigent situations especially those possessing higher medical training. Alternative methods that are available may be utilized if the situation dictates as outlined in Principles of Tactical Combat Casualty Care.

Scope

These guidelines apply to all sworn members of the Wilmington Police Department who have been trained and issued this equipment. These guidelines do not apply to non-issued equipment; however during exigent circumstances, it is acceptable to utilize other options during a life or death situation. These guidelines apply to officer survival situations only, and are not intended for general civilian use. Officers will utilize their first aid/CPR training for medical complaints they respond to on a daily basis. Tourniquets and hemostatic agents will be selected based on the standards set forth by the Committee on Tactical Combat Casualty Care.



Definitions

Tourniquets are designed to treat severe wounds to the extremities with profuse bleeding to aggressively manage the resulting hypovolemic shock, thereby preventing death. Bleeding of this nature can be caused by gunshot wounds, stab wounds, automobile collisions, and explosions. Application of the tourniquet may be the best initial response to severe bleeding or amputation as a result of one of these injuries by temporarily interrupting the blood flow to the affected limb until surgical intervention is performed. It takes the average adult 2-3 minutes to lose all their blood volume from heavy venous or arterial extremity bleeding because of the inability of the body to form a clot under that type of pressure.

Hemostatic agents are designed to assist with the body's clotting factor by introducing an agent that will assist in the body's ability to formulate a natural clot or form an artificial clot independent of the body's ability to clot. These can be used independently or in conjunction with a tourniquet, depending on the severity and location of the injury.

Pressure Dressings are designed to control bleeding utilizing the first aid measures of "direct pressure" allowing the bleeding at the site to slow enough that the body is able to form its own clot. This can be utilized on its own for less severe bleeding or in conjunction with tourniquets and a hemostatic agent for more severe bleeding.

Procedures

Training

Personnel will be thoroughly trained in the use of tourniquets, hemostatic agents, and pressure dressings prior to the departmental issue of any such equipment. Training will be provided throughout the year during each firearm qualification session, officer survival training, and First Aid/CPR training. New recruits will receive the training during their week of First Responder Training and subsequently during Officer Survival Training. This will be administered on a continual basis even after the issue of the equipment by the department. Equipment will not be distributed to untrained personnel.

Tourniquet Application

1. Identify location of wound if possible and the need for a tourniquet.
2. Remove any items in the way such as keys, duty rig, and holsters; and remove clothing from the area if practicable.
3. Position the tourniquet as high up on the extremity as possible without going over a joint.
4. Using, either, the one handed method (self-aid) or two handed method (buddy-aid or use on a lower extremity), pull the strap through the buckle tightening until the tips of three fingers are unable fit underneath the strap. Ensure the windlass rod stays facing away from the body.
5. Tighten the windlass rod until bright red bleeding has stopped and the distal pulse is eliminated.
6. Secure the rod inside the clip and use the band or hook feature to further secure the rod in place.
7. Note the time the tourniquet was applied.



8. If using a non-windlass tourniquet, pull same tight as indicated on the instructions also until bright red bleeding has stopped and the distal pulse is eliminated, then tuck the end underneath itself to secure in place.
9. If bleeding has not been controlled, consider application of a second tourniquet directly above or below the first tourniquet without placing over a joint. Also, consider the use of a hemostatic agent and pressure dressing in conjunction with the tourniquet to assist with long term clotting.

Application of a Hemostatic Agent

1. Identify the bleeding source.
2. Consistent with training, pack the dressing directly into the wound over the bleeding source following manufacturer instructions.
3. Hold direct pressure over wound for several minutes.
4. Apply compression dressing over top to secure in place.
5. May be indicated for bleeding not accessible or indicated for tourniquet use, such as a junctional wound.
6. May be used in conjunction with a tourniquet and pressure dressing to accelerate the clotting process.

Pressure Dressing

1. May be utilized in conjunction with a tourniquet and bandage or hemostatic agent.
2. May be utilized for direct pressure to a wound that is less severe in nature, independent of other measures.
3. Designed to be placed directly over the wound.

Carrying of Equipment

Tourniquets and hemostatic agents are not effective if they are not readily accessible in a crisis where self-aid or buddy-aid is needed during the care under fire phase of TCCC. An example of such an instance would be an active shooter situation. It only takes 2-3 minutes for an average adult to lose their entire blood volume with a serious enough extremity hemorrhage. The affected officer will be in a state of altered mental status or unconsciousness long before that 2-3 minutes and may be beyond helping themselves or their partner. The result in failing to properly apply a tourniquet to a massive bleed is death.

Uniform Personnel

Shall carry the primary tourniquet on their duty belt in the provided protective case on the weak side of the body. This is so that the officer can reach the tourniquet with the strong hand or weak hand for a self-application if necessary. This is also for uniformity so that every officer knows where to look in a "buddy-aid" scenario. The secondary tourniquet/compression dressing and hemostatic agent will be



carried behind the hard trauma place in the officer's vest. This is so not to add any more equipment to the duty belt and to provide uniformity as to where the equipment can be located and remain accessible.

DOCV/CMTT/CID

Equipment should be universally located on the front of the molle style vest, allowing for accessibility for self-application or buddy-aid or on the belt as indicated under uniformed personnel.

In accordance with Wilmington Police Department's Policy and Procedures, all issued equipment must be maintained in good working order and periodically inspected.

Considerations for use

1. More than one tourniquet may be necessary to stop bleeding even if applied correctly.
2. Maintain proper tactics prior to and during rendering of care. Ensure threat is neutralized and/or officer(s) are behind cover.
3. Tourniquets are not to be reused. The only exception is tourniquets used for training, which can be reused but, only for training.

After use instructions

1. Ensure time of tourniquet application is recorded and relayed to medical personnel.
2. Reassess the tourniquet position and effectiveness and proceed with additional measures if necessary.
3. Transport must be made to a Level 1 Trauma Center (Christiana Hospital is our closest) unless extenuating factors do no permit.
4. Do not remove or loosen the tourniquet once applied. This is only to be done by medical personnel.
5. Proper documentation under LEISS Report and notification of supervisor and tactical medic so a replacement can be provided.

